

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300299A
PAYMENT ISSUE DATE: 3/27/2014

ALAMEDA COUNTY TREASURER
1221 OAK STREET

OAKLAND CA 94612

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 2/16/2014 TO: 3/15/2014

Total amount collected: \$66,195,798.92

Gross monthly apportionment: \$66,195,798.92

Gross Claim	\$	2,868,716.98
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,868,716.98
YTD Amount:	\$	27,468,831.41

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300299A
PAYMENT ISSUE DATE: 3/27/2014

ALPINE COUNTY TREASURER
PO BOX 217

MARKLEEVILLE CA 96120

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 2/16/2014 TO: 3/15/2014

Total amount collected: \$66,195,798.92

Gross monthly apportionment: \$66,195,798.92

Gross Claim	\$	12,622.70
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	12,622.70
YTD Amount:	\$	75,028.87

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300299A
PAYMENT ISSUE DATE: 3/27/2014

AMADOR COUNTY TREASURER
810 COURT STREET

JACKSON CA 95642

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 2/16/2014 TO: 3/15/2014

Total amount collected: \$66,195,798.92

Gross monthly apportionment: \$66,195,798.92

Gross Claim	\$	118,972.32
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	118,972.32
YTD Amount:	\$	759,723.15

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300299A
PAYMENT ISSUE DATE: 3/27/2014

BUTTE COUNTY TREASURER
25 COUNTY CENTER DR

OROVILLE CA 95965

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 2/16/2014 TO: 3/15/2014

Total amount collected: \$66,195,798.92

Gross monthly apportionment: \$66,195,798.92

Gross Claim	\$	261,751.95
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	261,751.95
YTD Amount:	\$	3,672,918.62

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300299A
PAYMENT ISSUE DATE: 3/27/2014

CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS CA 95249

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 2/16/2014 TO: 3/15/2014

Total amount collected: \$66,195,798.92

Gross monthly apportionment: \$66,195,798.92

Gross Claim	\$	45,670.11
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	45,670.11
YTD Amount:	\$	601,541.07

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300299A

PAYMENT ISSUE DATE: 3/27/2014

COLUSA COUNTY TREASURER

546 JAY ST

COLUSA CA

95932

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 2/16/2014 TO: 3/15/2014

Total amount collected: \$66,195,798.92

Gross monthly apportionment: \$66,195,798.92

Gross Claim	\$	14,251.38
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	14,251.38
YTD Amount:	\$	426,869.61

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300299A
PAYMENT ISSUE DATE: 3/27/2014

CONTRA COSTA COUNTY TREASURER

625 COURT ST RM 102

MARTINEZ CA

94553

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 2/16/2014 TO: 3/15/2014

Total amount collected: \$66,195,798.92

Gross monthly apportionment: \$66,195,798.92

Gross Claim	\$	1,470,672.39
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,470,672.39
YTD Amount:	\$	13,962,856.34

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300299A
PAYMENT ISSUE DATE: 3/27/2014

DEL NORTE COUNTY TREASURER

981 H ST STE 150

CRESCENT CITY CA 95531

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 2/16/2014 TO: 3/15/2014

Total amount collected: \$66,195,798.92

Gross monthly apportionment: \$66,195,798.92

Gross Claim	\$	63,161.19
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	63,161.19
YTD Amount:	\$	612,501.05

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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CLAIM SCHEDULE NUMBER: 1300299A

PAYMENT ISSUE DATE: 3/27/2014

EL DORADO COUNTY TREASURER

360 FAIR LANE

PLACERVILLE CA

95667

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 2/16/2014 TO: 3/15/2014

Total amount collected: \$66,195,798.92

Gross monthly apportionment: \$66,195,798.92

Gross Claim	\$	105,276.22
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	105,276.22
YTD Amount:	\$	2,041,803.41

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300299A

PAYMENT ISSUE DATE: 3/27/2014

FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA

95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 2/16/2014 TO: 3/15/2014

Total amount collected: \$66,195,798.92

Gross monthly apportionment: \$66,195,798.92

Gross Claim	\$	1,843,178.21
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,843,178.21
YTD Amount:	\$	17,105,321.04

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P O BOX 942850, SACRAMENTO, CA 94250-0001

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GLENN COUNTY TREASURER
516 WEST SYCAMORE STREET

WILLOWS CA 95988

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 2/16/2014 TO: 3/15/2014

Total amount collected: \$66,195,798.92

Gross monthly apportionment: \$66,195,798.92

Gross Claim	\$	50,184.98
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	50,184.98
YTD Amount:	\$	562,809.86

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300299A
PAYMENT ISSUE DATE: 3/27/2014

HUMBOLDT COUNTY TREASURER
825 FIFTH STREET ROOM 125

EUREKA CA 95501

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 2/16/2014 TO: 3/15/2014

Total amount collected: \$66,195,798.92

Gross monthly apportionment: \$66,195,798.92

Gross Claim	\$	0.00
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	0.00
YTD Amount:	\$	3,098,079.42

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300299A
PAYMENT ISSUE DATE: 3/27/2014

IMPERIAL COUNTY TREASURER
940 WEST MAIN STREET

EL CENTRO CA 92243 2863

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 2/16/2014 TO: 3/15/2014

Total amount collected: \$66,195,798.92

Gross monthly apportionment: \$66,195,798.92

Gross Claim	\$	123,916.54
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	123,916.54
YTD Amount:	\$	3,354,574.95

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300299A

PAYMENT ISSUE DATE: 3/27/2014

INYO COUNTY TREASURER

P O BOX O

INDEPENDENCE CA

93526

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 2/16/2014 TO: 3/15/2014

Total amount collected: \$66,195,798.92

Gross monthly apportionment: \$66,195,798.92

Gross Claim	\$	59,943.66
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	59,943.66
YTD Amount:	\$	746,402.67

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P O BOX 942850, SACRAMENTO, CA 94250-0001

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CLAIM SCHEDULE NUMBER: 1300299A
PAYMENT ISSUE DATE: 3/27/2014

KERN COUNTY TREASURER

PO BOX 981240

SACRAMENTO CA 95798 1240

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 2/16/2014 TO: 3/15/2014

Total amount collected: \$66,195,798.92

Gross monthly apportionment: \$66,195,798.92

Gross Claim	\$	1,248,916.14
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,248,916.14
YTD Amount:	\$	11,643,158.02

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300299A

PAYMENT ISSUE DATE: 3/27/2014

KINGS COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA

95812 1406

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 2/16/2014 TO: 3/15/2014

Total amount collected: \$66,195,798.92

Gross monthly apportionment: \$66,195,798.92

Gross Claim	\$	166,200.16
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	166,200.16
YTD Amount:	\$	1,908,979.41

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300299A

PAYMENT ISSUE DATE: 3/27/2014

LAKE COUNTY TREASURER

255 NORTH FORBES ST RM 215

LAKEPORT CA

95453

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 2/16/2014 TO: 3/15/2014

Total amount collected: \$66,195,798.92

Gross monthly apportionment: \$66,195,798.92

Gross Claim	\$	137,763.18
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	137,763.18
YTD Amount:	\$	987,504.08

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300299A

PAYMENT ISSUE DATE: 3/27/2014

LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 2/16/2014 TO: 3/15/2014

Total amount collected: \$66,195,798.92

Gross monthly apportionment: \$66,195,798.92

Gross Claim	\$	103,391.00
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	103,391.00
YTD Amount:	\$	728,810.30

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300299A
PAYMENT ISSUE DATE: 3/27/2014

LOS ANGELES COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA

95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 2/16/2014 TO: 3/15/2014

Total amount collected: \$66,195,798.92

Gross monthly apportionment: \$66,195,798.92

Gross Claim	\$	22,823,683.27
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	22,823,683.27
YTD Amount:	\$	219,789,286.48

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300299A

PAYMENT ISSUE DATE: 3/27/2014

MADERA COUNTY TREASURER

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 2/16/2014 TO: 3/15/2014

Total amount collected: \$66,195,798.92

Gross monthly apportionment: \$66,195,798.92

Gross Claim	\$	143,242.39
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	143,242.39
YTD Amount:	\$	1,826,649.17

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300299A
PAYMENT ISSUE DATE: 3/27/2014

MARIN COUNTY TREASURER

PO BOX 4220

CIVIC CENTER

SAN RAFAEL CA

94913

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 2/16/2014 TO: 3/15/2014

Total amount collected: \$66,195,798.92

Gross monthly apportionment: \$66,195,798.92

Gross Claim	\$	22,505.61
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	22,505.61
YTD Amount:	\$	3,668,717.60

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300299A

PAYMENT ISSUE DATE: 3/27/2014

MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA CA

95338

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 2/16/2014 TO: 3/15/2014

Total amount collected: \$66,195,798.92

Gross monthly apportionment: \$66,195,798.92

Gross Claim	\$	35,882.99
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	35,882.99
YTD Amount:	\$	343,407.59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300299A

PAYMENT ISSUE DATE: 3/27/2014

MENDOCINO COUNTY TREASURER

501 LOW GAP RD 1060

UKIAH CA

95482

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 2/16/2014 TO: 3/15/2014

Total amount collected: \$66,195,798.92

Gross monthly apportionment: \$66,195,798.92

Gross Claim	\$	147,657.96
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	147,657.96
YTD Amount:	\$	1,310,585.45

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300299A

PAYMENT ISSUE DATE: 3/27/2014

MERCED COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 981311

WEST SACRAMENTO 95798-1311

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 2/16/2014 TO: 3/15/2014

Total amount collected: \$66,195,798.92

Gross monthly apportionment: \$66,195,798.92

Gross Claim	\$	446,112.97
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	446,112.97
YTD Amount:	\$	3,892,271.75

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300299A
PAYMENT ISSUE DATE: 3/27/2014

MODOC COUNTY TREASURER
204 COURT ST RM 101

ALTURAS CA 96101

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 2/16/2014 TO: 3/15/2014

Total amount collected: \$66,195,798.92

Gross monthly apportionment: \$66,195,798.92

Gross Claim	\$	42,986.54
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	42,986.54
YTD Amount:	\$	386,194.92

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300299A

PAYMENT ISSUE DATE: 3/27/2014

MONO COUNTY TREASURER

P O BOX 495

BRIDGEPORT CA

93517

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 2/16/2014 TO: 3/15/2014

Total amount collected: \$66,195,798.92

Gross monthly apportionment: \$66,195,798.92

Gross Claim	\$	133,216.73
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	133,216.73
YTD Amount:	\$	735,140.27

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300299A

PAYMENT ISSUE DATE: 3/27/2014

MONTEREY COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 2/16/2014 TO: 3/15/2014

Total amount collected: \$66,195,798.92

Gross monthly apportionment: \$66,195,798.92

Gross Claim	\$	594,106.90
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	594,106.90
YTD Amount:	\$	5,656,639.64

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300299A

PAYMENT ISSUE DATE: 3/27/2014

NAPA COUNTY TREASURER

1195 THIRD STREET ROOM 108

NAPA CA

94559 3035

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 2/16/2014 TO: 3/15/2014

Total amount collected: \$66,195,798.92

Gross monthly apportionment: \$66,195,798.92

Gross Claim	\$	69,421.88
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	69,421.88
YTD Amount:	\$	1,679,505.34

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300299A

PAYMENT ISSUE DATE: 3/27/2014

NEVADA COUNTY TREASURER

PO BOX 128

NEVADA CITY CA

95959

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 2/16/2014 TO: 3/15/2014

Total amount collected: \$66,195,798.92

Gross monthly apportionment: \$66,195,798.92

Gross Claim	\$	70,400.44
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	70,400.44
YTD Amount:	\$	1,122,344.83

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300299A
PAYMENT ISSUE DATE: 3/27/2014

ORANGE COUNTY TREASURER

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 2/16/2014 TO: 3/15/2014

Total amount collected: \$66,195,798.92

Gross monthly apportionment: \$66,195,798.92

Gross Claim	\$	4,487,242.76
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	4,487,242.76
YTD Amount:	\$	37,681,441.77

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300299A

PAYMENT ISSUE DATE: 3/27/2014

PLACER COUNTY TREASURER

2976 RICHARDSON DRIVE

AUBURN CA

95603

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 2/16/2014 TO: 3/15/2014

Total amount collected: \$66,195,798.92

Gross monthly apportionment: \$66,195,798.92

Gross Claim	\$	271,865.77
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	271,865.77
YTD Amount:	\$	2,427,270.26

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300299A
PAYMENT ISSUE DATE: 3/27/2014

PLUMAS COUNTY TREASURER

PO BOX 176

QUINCY CA

95971

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 2/16/2014 TO: 3/15/2014

Total amount collected: \$66,195,798.92

Gross monthly apportionment: \$66,195,798.92

Gross Claim	\$	0.00
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	0.00
YTD Amount:	\$	402,525.29

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300299A
PAYMENT ISSUE DATE: 3/27/2014

RIVERSIDE COUNTY TREASURER

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO CA 95812 4035

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 2/16/2014 TO: 3/15/2014

Total amount collected: \$66,195,798.92

Gross monthly apportionment: \$66,195,798.92

Gross Claim	\$	2,373,366.80
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,373,366.80
YTD Amount:	\$	21,791,615.65

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300299A

PAYMENT ISSUE DATE: 3/27/2014

SACRAMENTO COUNTY TREASURER

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 2/16/2014 TO: 3/15/2014

Total amount collected: \$66,195,798.92

Gross monthly apportionment: \$66,195,798.92

Gross Claim	\$	2,479,076.23
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,479,076.23
YTD Amount:	\$	22,586,874.16

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300299A

PAYMENT ISSUE DATE: 3/27/2014

SAN BENITO COUNTY TREASURER

COURTHOUSE

440 FIFTH ST RM 107

HOLLISTER CA

95023

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 2/16/2014 TO: 3/15/2014

Total amount collected: \$66,195,798.92

Gross monthly apportionment: \$66,195,798.92

Gross Claim	\$	49,865.33
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	49,865.33
YTD Amount:	\$	701,069.61

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300299A
PAYMENT ISSUE DATE: 3/27/2014

SAN BERNARDINO COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA

95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 2/16/2014 TO: 3/15/2014

Total amount collected: \$66,195,798.92

Gross monthly apportionment: \$66,195,798.92

Gross Claim	\$	2,822,833.16
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,822,833.16
YTD Amount:	\$	24,412,460.04

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300299A
PAYMENT ISSUE DATE: 3/27/2014

SAN DIEGO COUNTY TREASURER

PO BOX 980304

WEST SACRAMENTO 95798 0304

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 2/16/2014 TO: 3/15/2014

Total amount collected: \$66,195,798.92

Gross monthly apportionment: \$66,195,798.92

Gross Claim	\$	5,172,306.23
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	5,172,306.23
YTD Amount:	\$	42,119,385.51

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300299A

PAYMENT ISSUE DATE: 3/27/2014

SAN FRANCISCO COUNTY TREASURER

PO BOX 2920

SACRAMENTO

95814-2920

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 2/16/2014 TO: 3/15/2014

Total amount collected: \$66,195,798.92

Gross monthly apportionment: \$66,195,798.92

Gross Claim	\$	4,353,796.32
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	4,353,796.32
YTD Amount:	\$	41,919,304.72

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300299A

PAYMENT ISSUE DATE: 3/27/2014

SAN JOAQUIN COUNTY TREASURER

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 2/16/2014 TO: 3/15/2014

Total amount collected: \$66,195,798.92

Gross monthly apportionment: \$66,195,798.92

Gross Claim	\$	1,087,210.91
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,087,210.91
YTD Amount:	\$	9,583,251.77

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300299A

PAYMENT ISSUE DATE: 3/27/2014

SAN LUIS OBISPO COUNTY TREASURER

PO BOX 1149

SAN LUIS OBISPO CA

93406

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 2/16/2014 TO: 3/15/2014

Total amount collected: \$66,195,798.92

Gross monthly apportionment: \$66,195,798.92

Gross Claim	\$	334,834.40
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	334,834.40
YTD Amount:	\$	3,160,829.41

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300299A
PAYMENT ISSUE DATE: 3/27/2014

SAN MATEO COUNTY TREASURER

C/O UNION BANK ST GOVT DEPT

PO BOX 4035

SACRAMENTO CA

95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 2/16/2014 TO: 3/15/2014

Total amount collected: \$66,195,798.92

Gross monthly apportionment: \$66,195,798.92

Gross Claim	\$	1,022,682.99
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,022,682.99
YTD Amount:	\$	9,742,261.44

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300299A

PAYMENT ISSUE DATE: 3/27/2014

SANTA BARBARA COUNTY TREASURER

PO BOX 579

SANTA BARBARA CA

93102

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 2/16/2014 TO: 3/15/2014

Total amount collected: \$66,195,798.92

Gross monthly apportionment: \$66,195,798.92

Gross Claim	\$	613,065.97
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	613,065.97
YTD Amount:	\$	5,822,016.64

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300299A
PAYMENT ISSUE DATE: 3/27/2014

SANTA CLARA COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 2/16/2014 TO: 3/15/2014

Total amount collected: \$66,195,798.92

Gross monthly apportionment: \$66,195,798.92

Gross Claim	\$	2,476,308.03
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,476,308.03
YTD Amount:	\$	23,441,110.78

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300299A

PAYMENT ISSUE DATE: 3/27/2014

SANTA CRUZ COUNTY TREASURER

PO BOX 1817

SANTA CRUZ CA

95061

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 2/16/2014 TO: 3/15/2014

Total amount collected: \$66,195,798.92

Gross monthly apportionment: \$66,195,798.92

Gross Claim	\$	409,252.97
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	409,252.97
YTD Amount:	\$	3,941,145.57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300299A

PAYMENT ISSUE DATE: 3/27/2014

SHASTA COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 2/16/2014 TO: 3/15/2014

Total amount collected: \$66,195,798.92

Gross monthly apportionment: \$66,195,798.92

Gross Claim	\$	157,295.11
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	157,295.11
YTD Amount:	\$	2,985,011.32

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300299A
PAYMENT ISSUE DATE: 3/27/2014

SIERRA COUNTY TREASURER

PO BOX 376

DOWNIEVILLE CA

95936 0376

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 2/16/2014 TO: 3/15/2014

Total amount collected: \$66,195,798.92

Gross monthly apportionment: \$66,195,798.92

Gross Claim	\$	20,084.34
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	20,084.34
YTD Amount:	\$	140,948.41

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300299A

PAYMENT ISSUE DATE: 3/27/2014

SISKIYOU COUNTY TREASURER

311 FOURTH ST RM 104

YREKA CA

96097

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 2/16/2014 TO: 3/15/2014

Total amount collected: \$66,195,798.92

Gross monthly apportionment: \$66,195,798.92

Gross Claim	\$	75,305.78
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	75,305.78
YTD Amount:	\$	927,463.43

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300299A

PAYMENT ISSUE DATE: 3/27/2014

SOLANO COUNTY TREASURER TAX COLLECTOR

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 2/16/2014 TO: 3/15/2014

Total amount collected: \$66,195,798.92

Gross monthly apportionment: \$66,195,798.92

Gross Claim	\$	450,747.48
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	450,747.48
YTD Amount:	\$	4,768,239.97

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300299A
PAYMENT ISSUE DATE: 3/27/2014

SONOMA COUNTY TREASURER

PO BOX 1204

SACRAMENTO CA 95812 1204

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 2/16/2014 TO: 3/15/2014

Total amount collected: \$66,195,798.92

Gross monthly apportionment: \$66,195,798.92

Gross Claim	\$	94,455.87
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	94,455.87
YTD Amount:	\$	6,303,800.42

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300299A
PAYMENT ISSUE DATE: 3/27/2014

STANISLAUS COUNTY TREASURER

PO BOX 3052

MODESTO CA

95353 3052

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 2/16/2014 TO: 3/15/2014

Total amount collected: \$66,195,798.92

Gross monthly apportionment: \$66,195,798.92

Gross Claim	\$	843,327.77
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	843,327.77
YTD Amount:	\$	7,745,372.05

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300299A
PAYMENT ISSUE DATE: 3/27/2014

SUTTER COUNTY TREASURER

PO BOX 546

YUBA CITY CA

95992

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 2/16/2014 TO: 3/15/2014

Total amount collected: \$66,195,798.92

Gross monthly apportionment: \$66,195,798.92

Gross Claim	\$	61,722.90
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	61,722.90
YTD Amount:	\$	1,634,403.10

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300299A
PAYMENT ISSUE DATE: 3/27/2014

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF CA

96080

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 2/16/2014 TO: 3/15/2014

Total amount collected: \$66,195,798.92

Gross monthly apportionment: \$66,195,798.92

Gross Claim	\$	73,071.18
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	73,071.18
YTD Amount:	\$	1,171,884.50

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300299A

PAYMENT ISSUE DATE: 3/27/2014

TRINITY COUNTY TREASURER

PO BOX 1297

WEAVERVILLE CA

96093 1297

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 2/16/2014 TO: 3/15/2014

Total amount collected: \$66,195,798.92

Gross monthly apportionment: \$66,195,798.92

Gross Claim	\$	86,751.25
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	86,751.25
YTD Amount:	\$	625,275.12

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300299A

PAYMENT ISSUE DATE: 3/27/2014

TULARE COUNTY TREASURER

COUNTY CIVIC CENTER RM 103E

221 SOUTH MOONEY BL

VISALIA CA

93291

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 2/16/2014 TO: 3/15/2014

Total amount collected: \$66,195,798.92

Gross monthly apportionment: \$66,195,798.92

Gross Claim	\$	794,610.37
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	794,610.37
YTD Amount:	\$	6,945,615.75

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300299A

PAYMENT ISSUE DATE: 3/27/2014

TUOLUMNE COUNTY TREASURER

2 SOUTH GREEN ST

SONORA CA

95370

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 2/16/2014 TO: 3/15/2014

Total amount collected: \$66,195,798.92

Gross monthly apportionment: \$66,195,798.92

Gross Claim	\$	62,499.36
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	62,499.36
YTD Amount:	\$	923,236.62

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300299A

PAYMENT ISSUE DATE: 3/27/2014

VENTURA COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO CA 95798 0307

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 2/16/2014 TO: 3/15/2014

Total amount collected: \$66,195,798.92

Gross monthly apportionment: \$66,195,798.92

Gross Claim	\$	970,864.05
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	970,864.05
YTD Amount:	\$	9,114,992.85

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300299A

PAYMENT ISSUE DATE: 3/27/2014

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND CA

95695

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 2/16/2014 TO: 3/15/2014

Total amount collected: \$66,195,798.92

Gross monthly apportionment: \$66,195,798.92

Gross Claim	\$	268,853.85
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	268,853.85
YTD Amount:	\$	2,509,998.95

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300299A

PAYMENT ISSUE DATE: 3/27/2014

YUBA COUNTY TREASURER

915 8TH ST STE 103

MARYSVILLE CA

95901 5273

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 2/16/2014 TO: 3/15/2014

Total amount collected: \$66,195,798.92

Gross monthly apportionment: \$66,195,798.92

Gross Claim	\$	86,484.85
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	86,484.85
YTD Amount:	\$	1,390,140.23

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300299A

PAYMENT ISSUE DATE: 3/27/2014

BERKELEY CITY TREASURER

2081 CENTER STREET

BERKELEY CA

94704

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 2/16/2014 TO: 3/15/2014

Total amount collected: \$66,195,798.92

Gross monthly apportionment: \$66,195,798.92

Gross Claim	\$	137,752.74
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	137,752.74
YTD Amount:	\$	878,653.93

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300299A

PAYMENT ISSUE DATE: 3/27/2014

LONG BEACH CITY TREASURER

333 W OCEAN BL

LONG BEACH CA

90802

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 2/16/2014 TO: 3/15/2014

Total amount collected: \$66,195,798.92

Gross monthly apportionment: \$66,195,798.92

Gross Claim	\$	625,000.65
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	625,000.65
YTD Amount:	\$	3,986,700.30

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300299A
PAYMENT ISSUE DATE: 3/27/2014

PASADENA CITY TREASURER
PO BOX 7115

PASADENA CA 91109 7215

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 2/16/2014 TO: 3/15/2014

Total amount collected: \$66,195,798.92

Gross monthly apportionment: \$66,195,798.92

Gross Claim	\$	209,456.71
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	209,456.71
YTD Amount:	\$	1,336,641.81